



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

September 14, 2006

FILE COPY

Christopher Moore, Administrator  
Assisted Living on Shamrock  
9622 West Silverbirch Street  
Boise, ID 83709

License #: RC-547

Dear Mr. Moore:

On July 26, 2006, a survey was conducted at Assisted Living on Shamrock. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Patrick Hendrickson, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON, R.N.  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

SURVEY DATE/TYPE:

FACILITY:

Assisted Living on Shamrock



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August 3, 2006

**CERTIFIED MAIL #: 7003 0500 0003 1967 0148**

Christopher Moore, Administrator  
Assisted Living on Shamrock  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mr. Moore:

Based on the state licensure survey was conducted by our staff at Assisted Living on Shamrock on **July 26, 2006**. We have determined that the facility failed to develop negotiated services agreements and failed to ensure residents received prescribed medications.

This core issue deficiency substantially limits the capacity of Assisted Living On Shamrock to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **September, 12, 2006**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Christopher Moore, Administrator  
August 2, 2006  
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **August 15, 2006**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**August 15, 2006**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **August 15, 2006**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 25, 2006**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Assisted Living on Shamrock.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, BS, QRMP, MBA  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards  
Lynne Denne--Acting Program Manager, Regional Medicaid Services, Region III - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASSISTED LIVING ON SHAMROCK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2716 SHAMROCK AVE NAMPA, ID 83686</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>Initial Comments</b></p> <p>The following deficiency was cited during the standard survey conducted at your residential care/assisted living facility on July 26, 2006. The surveyors conducting your survey were:</p> <p>Patrick Hendrickson, RN Team Leader Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>John Wingate, RN Health Facility Surveyor.</p> <p>Survey Definitions:</p> <p>BID = twice a day MAR = Medication Administration Record mg = milligrams NSA = Negotiated Service Agreement PO = by mouth</p>	R 000	<p><i>Great Job! Well written 😊</i></p>	
R 008	<p><b>16.03.22.520 Protect Residents from Inadequate Care.</b></p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observations, interview, and record review it was determined the facility failed to develop NSA's to identify and describe residents needs for 3 of 3 sampled residents (#1, #2, and #3). Additionally, the facility failed to provide assistance and monitoring of medications for 1 of 1 sampled residents (#2). The findings include:</p>	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

14Q111

If continuation sheet 1 of 4

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2006</b>
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R 008	<p>Continued From page 1</p> <p>I. NSA</p> <p>Review of Resident #1's record on 7/25/06 revealed the resident was admitted on 7/3/06 with diagnoses which included schizophrenia and polysubstance abuse.</p> <p>Further review of the resident's record revealed no documented evidence of a NSA.</p> <p>Review of Resident #2's record on 7/25/06 revealed the resident was admitted on 6/28/06 with diagnoses which included bipolar disorder and congestive heart failure.</p> <p>Further review of the resident's record revealed no documented evidence of a NSA.</p> <p>Review of Resident #3's record on 7/25/06 revealed the resident was admitted on 6/28/06 with diagnoses which included schizoaffective disorder and osteoporosis.</p> <p>Further review of the resident's record revealed no documented evidence of a NSA.</p> <p>On 7/25/06 at 11:00 a.m., the administrator confirmed that he had not developed NSA's for Residents #1, #2 and #3.</p> <p>II. Assistance With Medications</p> <p>Review of Resident #2's record on 7/25/06 revealed the resident was admitted on 6/28/06 with diagnoses which included bipolar disorder and congestive heart failure.</p> <p>The resident's record contained physician's orders dated 6/28/06 that documented the</p>	R 008		

Bureau of Facility Standards

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R 008	<p>Continued From page 2</p> <p>resident was to take:</p> <p>Cardizem SR 60 mg po every 12 hours.</p> <p>Further review of the resident's record revealed a second physician's order dated 7/13/06 that documented the resident was also to take:</p> <p>Advair 500/50 one puff BID.</p> <p>Review of Resident #2's MAR for July 2006 documented the resident did not receive his Cardizem or Advair from July 1, 2006 through July 25, 2006.</p> <p>On 7/25/06 at 9:30 a.m., a review of Resident #2's blister packed medications revealed that Cardizem was not in the facility and the resident's Advair was unopened and unused.</p> <p>On 7/25/06 at 10:10 a.m., the pharmacist, who filled Resident #2's medications, stated that he had not filled the residents Cardizem prescription.</p> <p>On 7/25/06 at 10:25 a.m., the house manager, who also assisted the resident with his medications, confirmed the resident had not received his Cardizem or Advair since admission. Further, she stated the resident was dependent on the facility to assist him with his medications.</p> <p>On 7/25/06 at 11:35 a.m., the administrator stated he was unaware that Cardizem was not available for the resident and that staff were not assisting the resident with his Advair.</p> <p>The facility did not develop NSA's for Residents #1, #2 and #3 to direct staff in the care of the residents. The facility failed to provide assistance and monitoring of medications for resident #2</p>	R 008		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/26/2006</b>
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R 008	Continued From page 3  which resulted in the resident not receiving his Cardizem and Advair as prescribed by his physician. These failures resulted in inadequate care.	R 008		



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>AL on Shamrock</i>	Physical Address <i>2716 Shamrock Ave</i>	Phone Number <i>465-5923</i>
Administrator <i>Chris Moore</i>	City <i>Nampa ID</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>P. Hendrickson</i>	Survey Type <i>S/S</i>	Survey Date <i>7-26-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
#1	16.03.22.250.15	The facility did not have a call system.	8-24-06 <i>Al</i>
#2	16.03.22.220	1 of 3 residents charts did not contain signed admission agreement or advanced directives. <i>John Stiller</i>	7-28-06 <i>Al</i>
#3	16.03.22.260.04	A Toxic chemicals were not properly stored under Lock and Key. -	8-16-06 <i>Al</i>
#4	16.03.22.305.06	The facility nurse did not conduct an initial assessment on a resident that self-administered his medication. <i>Moved out met with nurse about</i>	8-24-06 <i>Al</i>
#5	16.03.22.310.01	A resident was assisted with medications out of a bulk distribution system. <i>Pickup</i>	8-12-06 <i>Al</i>
#6	16.03.22.320	3 of 3 residents did not have a interim plan of care.	
#7	16.03.22.450	An employee made sandwiches and prepared food without washing their hands. -	8-17-06 <i>Al</i>
#8	16.03.22.550.01	1 of 3 residents did not have acknowledgement they received copies of resident rights. <i>John Stiller</i>	7-28-06 <i>Al</i>

Response Required Date

Signature of Facility Representative

*Chris Moore*





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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Assisted Living on Shamrock</i>	Physical Address <i>2716 Shamrock Ave</i>	Phone Number <i>465-5923</i>
Administrator <i>Chris Moore</i>	City <i>Nampa</i>	ZIP Code <i>83686</i>
Survey Team Leader <i>Patrick Hendrickson</i>	Survey Type <i>Standard Survey</i>	Survey Date <i>7/26/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
9	<i>16.03.22 600.06.b</i>	<i>1 direct care staff did not have CPR and 1 staff member did not have First Aid.</i>	<i>7-26-06</i> ✓
10	<i>16.03.22 625.01</i>	<i>1 employee did not have documentation of 16 hours of orientation</i>	<i>8-22-06</i> ✓
11	<i>16.03.22 630.02</i>	<i>Employees did not have documentation of specialized training for mental illness</i>	<i>8-21-06</i> ✓
12	<i>16.03.22 640</i>	<i>1 employee did not have documentation of 8 hours of job-related continuing training</i>	<i>8-22-06</i> ✓
13	<i>16.03.22 730.01g 16.03.22 730.01h</i>	<i>1 employee did not have a criminal background check 1 employee did not have delegation from the nurse to pass medications</i>	<i>8-16-06</i> ✓
14	<i>16.03.22 730.02 16.03.22 730.01</i>	<i>As worked schedules were not maintained 1 resident private pay resident did not have a UAT</i>	<i>8-24-06</i> ✓ <i>7-30-06</i> ✓
15	<i>16.03.22 725.01</i>	<i>The admit and discharge record was not current.</i>	

Response Required Date

*8/26/06*

Signature of Facility Representative

*C. H.*



## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
AL on Shamrock	2716 Shamrock Ave	465-5923
Administrator	City	ZIP Code
Chris Moore	Nampa ID	83686
Survey Team Leader	Survey Type	Survey Date
P. Henderson	S/S	7-26-06

[illegible]

Signature of Facility Representative

C. M.